

**INDIANA DATA BREACH NOTIFICATION FORM**OAG Form 1079 (R0 / 09-13)  
Identity Theft UnitOFFICE OF ATTORNEY GENERAL  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> floor  
302 W. Washington Street  
Indianapolis, IN 46204  
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name H. Carson Smith, IV, P.C.			
Street Address 4474 Commerce Dr.		City Buford	State GA
Submitted by James J. Giszczak		Title Member	Dated 4/5/19
Firm Name (if different than entity) McDonald Hopkins PLC			Telephone 2482201354
Email jgiszczak@mcdonaldhopkins.com		Relationship to Entity whose information was compromised Attorney	

Type of Organization (please select one)		
<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input checked="" type="checkbox"/> Other – please specify
<input type="checkbox"/> Educational	<input type="checkbox"/> Other Commercial	Law Firm

Number of Persons Affected	
Total (Indiana Included)	1465
Indiana Residents Only	3

Dates		
Date Breach Occurred (include start/end dates if known)	October 2, 2018	
Date Breach Discovered	March 6, 2019	
Date Consumers Notified		

Reason for delay, if any, in sending notification
N/A

Description of Breach (select all that apply)	
<input type="checkbox"/> Inadvertent disclosure	<input checked="" type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)	
<input checked="" type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Name in combination with (select all that apply) <input checked="" type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> Debit Card Number (in combination with security code, access code, password or PIN for account)

List dates of previous breach notifications (within last 12 months)		
N/A.		

Manner of Notification to Affected Persons	Identity Theft Protection Service Offered	
<b>Attach a copy of a sample notification letter</b>	<input checked="" type="checkbox"/> Yes	Duration 1 year
<input checked="" type="checkbox"/> Written	<input type="checkbox"/> No	Provider TransUnion
<input type="checkbox"/> Electronic (email)	Brief Description of Service:	
<input type="checkbox"/> Telephone	Credit monitoring and identity theft protection	

Since this breach, we have taken the following steps to ensure it does not reoccur (attach additional pages if necessary)
<p>At H. Carson Smith, IV, P.C., protecting the privacy of personal information is a top priority. H. Carson Smith, IV, P.C. is committed to maintaining the privacy of personal information in its possession and has taken many precautions to safeguard it. H. Carson Smith, IV, P.C. continually evaluates and modifies its practices and internal controls to enhance the security and privacy of personal information. As a result of this incident, H. Carson Smith, IV, P.C. has changed the password for the compromised account and is implementing a written information security program.</p>

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (attach additional pages if necessary)

SUBMIT